



## UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE  
 United States Patent and Trademark Office  
 Address: COMMISSIONER FOR PATENTS  
 P.O. Box 1450  
 Alexandria, Virginia 22313-1450  
 www.uspto.gov



Bib Data Sheet

CONFIRMATION NO. 8551

|                                    |   |                     |                               |   |
|------------------------------------|---|---------------------|-------------------------------|---|
| <b>SERIAL NUMBER</b><br>10/738,358 | <b>FILING OR 371(c) DATE</b><br>12/05/2003<br><b>RULE</b> | <b>CLASS</b><br>351 | <b>GROUP ART UNIT</b><br>2873 | <b>ATTORNEY DOCKET NO.</b><br>018158-022220US |
|------------------------------------|---|---------------------|-------------------------------|---|

## APPLICANTS

Guangming Dai, Fremont, CA;  
 Kingman Yee, San Jose, CA;

## \*\* CONTINUING DATA \*\*\*\*\*

This appln claims benefit of 60/431,634 12/06/2002 and claims benefit of 60/519,885 11/13/2003  
 and claims benefit of 60/468,387 05/05/2003  
 and claims benefit of 60/468,303 05/05/2003

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\*

03/27/2004

|  |                        |                      |                                  |  |
|--|------------------------|----------------------|----------------------------------|--|
| Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no   | STATE OR COUNTRY<br>CA | SHEETS DRAWING<br>34 | TOTAL CLAIMS<br><del>81</del> 56 | INDEPENDENT CLAIMS<br><del>18</del> 12 |
| 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance |                        |                      |                                  |  |
| Verified and Acknowledged <u>Huillmar</u> Examiner's Signature Initials  |                        |                      |                                  |  |

## ADDRESS

20350

## TITLE

Presbyopia correction using patient data

|                                    |   |  |
|------------------------------------|---|--|
| <b>FILING FEE RECEIVED</b><br>3030 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees                              |
|                                    |   | <input type="checkbox"/> 1.16 Fees ( Filing )                  |
|                                    |   | <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) |
|                                    |   | <input type="checkbox"/> 1.18 Fees ( Issue )                   |
|                                    |   | <input type="checkbox"/> Other _____                           |
|                                    |   | <input type="checkbox"/> Credit                                |